

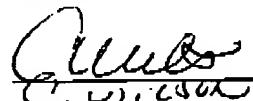
IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE
PATENT APPLICATION

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Applicant(s): **John S. Hendricks et al.**
Serial No.: **09/191,520**
Examiner: **Koenig, Andrew Y**
Filed: **November 13, 1998** Group Art Unit: **2611**
Confirmation #: **8726** Case: **5217 (SEDN/5217)**
Title: **DIGITAL BROADCAST PROGRAM ORDERING**

CERTIFICATE OF MAILING OR TRANSMISSION
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C. W. Cason

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RESPONSE UNDER 37 C.F.R. §1.111

In response to the non-final Office Action mailed November 16, 2004, please consider the above-identified patent application as follows.

The Commissioner is authorized to charge any fees due, including extension of time and excess claim fees, to counsel's Deposit Account No. 20-0782/SEDN/5217.

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM		Application Number	09/191,520
		Filing Date	November 13, 1998
		First Named Inventor	Hendricks
		Art Unit	2611
		Examiner Name	Andrew Y. Koenig
Total Number of Pages in This Submission	27	Attorney Docket Number	SEDN/5217

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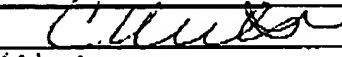
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Moser, Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	3/14/05	Reg. No.	39,414

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Typed or printed name	Eamon J. Wall
Date 3/15/05	

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**TRANSMITTAL
FORM**

		Application Number	09/191,520
		Filing Date	November 13, 1998
		First Named Inventor	Hendricks
		Art Unit	2611
		Examiner Name	Andrew Y. Koenig
Total Number of Pages in This Submission		Attorney Docket Number	SEDN/5217

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53		
Remarks		

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Firm	Moser, Patterson & Sheridan, LLP		
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Signature			
Typed or printed name	CW. C. Sun		
		Date	3/15/05

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